



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL  
SUMMARY SHEET**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23120 LYONS AVE 11, NEWHALL, CA 91321

TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: BRIAN FERGUSON

CAL. DR. LIC# [REDACTED]

NAME OF PERSON FINGERPRINTED: BRIAN FERGUSON

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 23120 LYONS AVE 11, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
<input checked="" type="checkbox"/> 3. Building & Safety	YES	01/15/16	tchen
<input checked="" type="checkbox"/> 4. Fire Department	YES	02/02/16	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	08/05/16	nlove
<input type="checkbox"/> 6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/> 7. Business License Commission			
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	08/30/16	tchen
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	01/19/16	ddo
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	09/02/16	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/30/16	tchen
<input type="checkbox"/> 14. Emergency Medical Services			

Conditions:



Los Angeles County Treasurer and Tax Collector  
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2158.00

8430  
ID # 142999

BUSINESS INFORMATION

Type of Business: <u>Massage Parlor General</u>	Address of Business: <u>23120 LYONS AVE #11</u>	
Start Date (Projected): <u>1 SEPT 2015</u>	Business Telephone: <u>661 799 9959</u>	
DBA (Business Name): <u>TOP THAI YOGA MASSAGE</u>	Mailing Address: <u>23120 LYONS AVE #11 NEWHALL CA 91321</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>DEC 8 2015</u>	Incorporated in the State of: <u>CA</u>	
Exact Corporate Name: <u>FERGUSON'S INC</u>		
Names of Officers	Addresses	Titles
<u>BRIAN FERGUSON</u>	[REDACTED]	<u>PRESIDENT</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>BRIAN FERGUSON</u>		
Home Address: [REDACTED]		
Home Telephone: <u>N/A</u>	Cell Phone: [REDACTED]	Email address: <u>TOP THAI YOGA MASSAGE @ GMAIL.COM</u>
Social Security #: [REDACTED]	Date of Birth: [REDACTED]	Place of Birth: [REDACTED]
Driver's License or State ID#: [REDACTED]		Expiration Date: [REDACTED]
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: [REDACTED]	Weight: [REDACTED]
	Hair Color: [REDACTED]	Eye Color: [REDACTED]

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 1/12/16

Applicant's Signature: [Signature]

Application taken by: UG

Date: 1-13-16

\* If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline  
1-800-544-6961

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

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TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: BRIAN FERGUSON

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 23120 LYONS AVE 11, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

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**BUILDING & SAFETY  
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

*We recommend approval  
at this time.*

SIGNATURE:

*O. Hamrick*

DATE:

*1/15/16*

01/29/2016 17:25 0612594670

Jan. 29. 2016 11:33AM

#3877 P.002/003

No. 0386 P. 4

02:55:53 am

01-28-2016

12/17

3232637342

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL/SC

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TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: BRIAN FERGUSON

CAL. DR. LIC.#: [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 23120 LYONS AVE LL, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT**

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: 1/29/16

BASIC LICENSE NO. 8430

DATE 01/15/16

IDENTIFICATION NUMBER 142099



**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE  
APPLICATION REFERRAL**

KIND OF BUSINESS: MASSAGE PARLOR-GENERAL /SC

ADDRESS OF BUSINESS: 23120 LYONS AVE, NEWHALL, CA 91321

TELEPHONE: (661) 799-9959

OWNER OF BUSINESS: BRIAN FERGUSON

CAL. DR. LIC.# [REDACTED]

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: TOP THAI YOGA MASSAGE

MAILING ADDRESS: 23120 LYONS AVE 11, NEWHALL, CA 91321

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**PUBLIC HEALTH  
LA COUNTY**



APPROVAL



DENIAL

RECOMMENDATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*L. Martinez*

DATE: \_\_\_\_\_

*7/14/2016*

BASIC LICENSE NO. 8430

DATE 08/02/16

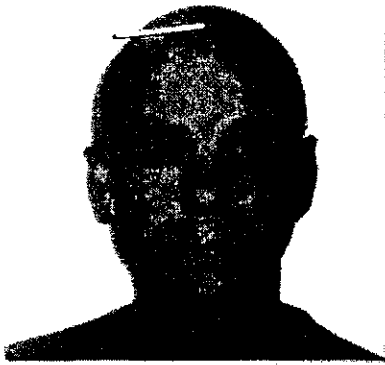
IDENTIFICATION NUMBER 142999

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE  
APPLICATION REFERRAL**

16. 00088



KIND OF BUSINESS: **MASSAGE PARLOR-GENERAL /SC**

ADDRESS OF BUSINESS: **23120 LYONS AVE, NEWHALL, CA 91321**

TELEPHONE: **(661) 799-9959**

OWNER OF BUSINESS: **BRIAN FERGUSON** *Ferbusson*

CAL. DR. LIC.# **[REDACTED]** *2/1/57*

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **TOP THAI YOGA MASSAGE**

MAILING ADDRESS: **23120 LYONS AVE 11, NEWHALL, CA 91321**

DATE THAT YOU STARTED BUSINESS: **[REDACTED]**

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**SHERIFF FINGERPRINT**

**LA COUNTY**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: \_\_\_\_\_

*Approved*

SIGNATURE: \_\_\_\_\_

*Uly 534470*

DATE: *8/26/16*

BASIC LICENSE NO. 8430

DATE 01/15/16  
*1/15*

IDENTIFICATION NUMBER 142999

**COUNTY OF LOS ANGELES  
TREASURER AND TAX COLLECTOR**

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OWNER OF BUSINESS: BRIAN FERGUSON

CAL. DR. LIC.# : 

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**REGIONAL PLANNING  
SANTA CLARITA**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: 

DATE: 01-19-2016